

02-24-04

DAZ



022304

U.S. PTO

Date: February 23, 2004
Attorney Docket No. LUMA 7577U2
First Inventor: Isidore I. Lamke, et al.
Title: FOUR CHANNEL LIGHT SYSTEM FOR VEHICLES
Express Mail Label No. EV 383194455 US

22390 U.S. PTO
10/786939



Mail Stop PETITION
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Attached are:

- ☒ Specification (Total Pages 8)
- ☒ Claims (Total Pages 2)
- ☒ Abstract (Total Pages 1)
- ☒ Drawing(s) Formal (Total Sheets 2)
- ☒ Declaration & Power of Attorney (Total Pages 3)
 - ☐ Newly executed (original or copy)
 - ☒ Copy from a prior application
- ☐ Assignment Papers (cover sheet & document(s))
- ☐ Information Disclosure Statement
 - ☐ Copies of IDS citations (references filed herewith)
- ☒ Petition For Revival Of An Application For Patent Abandoned Unintentionally Under 37 C.F.R. § 1.137(b)
- ☒ The reply to the above-noted Official Action in the form of a response to the Final Office Action dated July 2, 2003
- ☐ **Non-Publication Request**
 - I hereby request that the attached application **not** be published under 35 U.S.C. 122(b). (if yes, be sure to fill out non-publication request form)
- ☒ Return Receipt Postcard
- ☐ Other:
- ☒ Applicant claims small entity status

This application is a

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of

The present application is a divisional application of U.S. Patent Application Serial No. 09/905003, filed July 13, 2001, which claims priority of U.S. Provisional Patent Application Serial No. 60/218,106, filed July 13, 2000.

Prior Application No.

Examiner:

GAU:

FEE CALCULATION

	Number Filed		Number Extra	Than A Small Entity	Small Entity	Basic Fee
Basic Fee				\$770.00	\$385.00	\$385.00
Total Claims	8	- 20 =	0 x	\$18.00	\$9.00 =	\$0.00
Indep. Claims	1	- 3 =	0 x	\$86.00	\$43.00 =	\$0.00
Multiple Dependent Claims	0			\$290.00	\$145.00 =	\$0.00

Total Filing Fee: \$385.00

Petitionion Fee: \$665.00

TOTAL AMOUNT OF PAYMENT : \$1,050.00**CUSTOMER NO.:** 1688**METHOD OF PAYMENT** (Check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None**Deposit Account:** 162201**Deposit Account Name:** Polster, Lieder, Woodruff & Lucchesi, L.C.**The Commissioner is authorized to:** (Check all that apply)

- ☒ Charge any additional fees
☐ Charge fee(s) indicated above to Deposit Account 162201
☒ Credit any overpayments



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